

**LOBBYING REGISTRATION FORM**

To be used for initial registrations and renewals.

2000

140  
Lobbyist's Registration Number

FOR OFFICE USE ONLY

Postmark Date: 12-1-99

Reg  
14 4999  
\$1000  
KSD

1991662

**Instructions**

- Print in ink or type.
- Complete form and return with \$10 registration fee to the Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge, LA 70809-7017, (225) 922-1400 or (800) 842-6630.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Registrations expire as of December 31 unless a renewal is submitted between December 1 and January 31.

1. NAME BYERS DESSELLE VONNIE M  
Last First MI2. BUSINESS PHONE (225) 295-1300  
Area Code and Phone Number3. BUSINESS ADDRESS 11918 BRICKSOME AVENUE, BATON ROUGE, LA 70816  
Street and No. City State ZipMAILING ADDRESS P. O. BOX 40183, BATON ROUGE, LA 70835  
Street and No. City State Zip4. EMPLOYER LOUISIANA FINANCE ASSOCIATION5. EMPLOYER'S ADDRESS 11918 BRICKSOME AVENUE, BATON ROUGE, LA 70816  
Street and No. City State Zip

6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.

1. Name LOUISIANA FINANCE ASSOCIATIONAddress 11918 BRICKSOME AVENUE, SUITE A, BATON ROUGE, LA 70816Business or purpose TRADE ASSOCIATION (FINANCE COMPANIES)Does this person pay you? NOIf No, who pays you? IT IS PART OF MY SALARY AND JOB TO MONITOR BILLS THAT AFFECT OUR INDUSTRY AND REPORT TO OUR LOBBYIST AND LEGISLATIVE CHAIRMAN

# LOBBYING REGISTRATION FORM

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2. Name NONE
- Address \_\_\_\_\_
- Business or purpose \_\_\_\_\_
- Does this person pay you? \_\_\_\_\_
- If No, who pays you? \_\_\_\_\_
3. Name NONE
- Address \_\_\_\_\_
- Business or purpose \_\_\_\_\_
- Does this person pay you? \_\_\_\_\_
- If No, who pays you? \_\_\_\_\_
4. Name NONE
- Address \_\_\_\_\_
- Business or purpose \_\_\_\_\_
- Does this person pay you? \_\_\_\_\_
- If No, who pays you? \_\_\_\_\_

## CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

Therese Byers - Deschelle  
Signature of Lobbyist

